

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

Requirements for Third Party Liability -  
Identifying Liable Resources

1. Data exchanges as required in 433.138(d)(1) with SWICA and the SSA wage and earnings file are performed monthly. Those required in (d)(3) with the State title IV-A agency are performed quarterly. ~~The exchange required in (d)(4) with the Highway Department will be performed on a monthly basis beginning in February 1991.~~ The exchange with Worker's Compensation is not currently performed. Diagnosis and trauma code edits as required in 433.138(e) are performed weekly for all claims approved during the week.

2. Within 30 days of receipt of information regarding employment from SWICA, SSA wage and earnings file, and Title IV-A data exchanges, letters are sent to each identified employer asking if the Medicaid recipient has employment-related health insurance. If no response is received within 30 days a second letter is sent. If the employer's response indicates that insurance exists the information is verified and incorporated into the third party data base and recovery unit within 45 days of receipt as required in 433.138(9)(1)(i).

Health insurance information obtained through the eligibility process is forwarded to this agency from the Department of Social Services. It is manually screened for completeness, verified, and incorporated into the third party data base and recovery unit within 60 days of receipt as required in 433.138(9)(2)(i). No information is obtained from Worker's Compensation.

3. The State motor vehicle accident report file data exchange is not currently performed.

4. Within 10 days of receipt of information regarding claims paid with traumatic diagnosis codes (ICD-9 codes 800 through 999, inclusive) a questionnaire is mailed to each indicated recipient asking how they were injured and requesting information regarding their attorney or liability insurance (if any). If the recipient does not respond within 30 days a second request is mailed. If their response indicates the probable existence of a liable third party, a case file is established and information is entered into the third party data base within 30 days of receipt of the response. On a monthly basis, a report is generated from the data base indicating how many questionnaires were sent for each diagnosis code, how many responses were received, and how many cases were established. This information is analyzed and used to prioritize the cases which are most productive in generating cases. For the most productive codes, if a recipient does not respond to the second questionnaire a third questionnaire is generated; for the least productive codes, only a first questionnaire is generated.

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INTERAGENCY COOPERATIVE AGREEMENT  
BETWEEN THE STATE OF SOUTH CAROLINA  
DEPARTMENT OF SOCIAL SERVICES

AND

- STATE HEALTH AND HUMAN SERVICES FINANCE COMMISSION

REGARDING DATA EXCHANGE BETWEEN  
THE OFFICE OF CHILD SUPPORT ENFORCEMENT

AND

THE THIRD PARTY LIABILITY DIVISION

I. AUTHORITY

This cooperative agreement is entered into under sections 1902(a)(45) and 1912 of the of the Social Security Act as amended. These sections of the act are embodied in regulation at 45 CFR 306 and 45 CFR 433.151.

II. STATE HEALTH AND HUMAN SERVICES FINANCE COMMISSION RESPONSIBILITIES UNDER THIS AGREEMENT

- A. The Third Party Liability Section, State Health and Human Services Finance Commission, will maintain a file on each recipient identified as having health insurance coverage through a IV-D source and use the information provided by IV-D to pursue recoupment or cost avoidance of Medicaid expenditures for the affected individual.
- B. All Medicaid recoveries from health insurers will be made by the Third Party Liability Section, which has sole responsibility for setting priorities, limits and procedures for that recovery.
- C. Distribution of the state and federal portions of all Medicaid recoveries made as a result of IV-D will be made by the State Health and Human Services Finance Commission.
- D. The State Health and Human Services Finance Commission shall not refer cases to the IV-D section, Department of Social Services. However, the Commission shall inform the IV-D section of any case where health insurance ceases, that has been ordered by a court from an absent parent.
- E. The Third Party Liability section will, on request, supply the IV-D section with information on Medicaid expenditures in cases

where the absent parent is ordered to make medical support, other than by providing insurance coverage.

III. DEPARTMENT OF SOCIAL SERVICES RESPONSIBILITIES UNDER THIS AGREEMENT

- A. The IV-D section, Department of Social Services, will petition the court to include medical coverage that is available to the absent parent at reasonable cost in any child support obligation.
- B. Information about any court ordered medical support for Medicaid recipients in the form of health or hospitalization insurance shall be forwarded to the Third Party Liability Section, Health and Human Services Finance Commission, for collection. In addition, the IV-D agency shall, as is convenient in the course of other contacts with the absent parent, investigate whether or not the absent parent carries health or hospitalization insurance not ordered by the court. Information or any coverage discovered shall be forwarded to the Third Party Liability Section. The IV-D agency shall not report negative findings. The data to be forwarded shall include:
  - 1. Name and Medicaid identification number for recipient(s) covered under the insurance,
  - 2. Whether or not insurance is court ordered,
  - 3. Name of absent parent,
  - 4. Type of insurance,
  - 5. Insurance company name,
  - 6. Policy number,
  - 7. Employer or group name and identification number, if any, and

8. Beginning date of coverage, if available.

- C. The IV-D section shall be responsible for medical support enforcement activities whenever payment is to be made from the absent parent by means other than by providing health insurance coverage. Collections made by IV-D that are recoveries of Medicaid expenditures shall be routed to Health and Human Services Finance Commission for Federal and State distribution through the interdepartmental transfer process with identification of the source of payment, recipient name and identification number, medical provider and dates of service.

IV. COSTS OF DATA EXCHANGE

Neither party to this agreement shall reimburse the other party for any costs associated with the data exchange agreed to herein.

V. DURATION

This agreement will take effect upon signing by both parties. The terms of this agreement shall be five years from the date of the signature of both parties.

VI. CONFLICT WITH FEDERAL OR STATE STATUTES AND REGULATIONS

Should this agreement be found in conflict with Federal or State statutes or regulations, the statutes or regulations shall take precedence.

VII. SAFEGUARDING OF INFORMATION

The use or disclosure of information concerning applicants for or recipients of medical support enforcement services shall be limited to purposes directly connected with the performance of this Agreement.

In witness whereof, the Department of Social Services and the Health and Human Services Finance Commission do hereby agree to the terms and conditions of this Agreement as specified herein.

Date 12/20/85

Witness

Mary K. Hester ✓

James L. Solomon, Jr.  
James L. Solomon, Commissioner  
Department of Social Services

Date

2/11/86

Witness

Jean R. Green

Dennis Caldwell  
Dennis Caldwell, Executive Director  
South Carolina Health and Human  
Services Finance Commission